

**AMENDMENT TRANSMITTAL LETTER**Docket No.
00630/100M091-US2Application No.
10/666,851-Conf. #6790Filing Date
September 19, 2003Examiner
X. XieArt Unit
1646

Applicant(s): Peter Bodine

Invention: PHARMACEUTICAL COMPOSITIONS AND METHODS OF USING SECRETED FRIZZLED
RELATED PROTEIN**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	42 43	- 43 =		x	
Independent Claims	7	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 04-0100 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 120.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Amy G. Klamn
Amy G. Klamn
Attorney/Agent Reg. No.: 48,155

Dated: September 19, 2006

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/666,851-Conf. #6790
		Filing Date	September 19, 2003
		First Named Inventor	Peter Bodine
		Examiner Name	X. Xie
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1646	
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket No.	00630/100M091-US2

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input type="checkbox"/> Deposit Account		Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4243 - 43 =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
7 - 7 =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY

Signature	<i>Amy G. Klann</i>	Registration No. (Attorney/Agent)	48,155	Telephone	(212) 527-7692
Name (Print/Type)	Amy G. Klann	Date	September 19, 2006		



Application No. (if known): 10/666,851

Attorney Docket No.: 00630/100M091-US2

Certificate of Express Mailing Under 37 CFR 1.10

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MS Amendment
Commissioner for Patents
P.O. Box 1450
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on September 19, 2006
Date

Signature

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment Transmittal (1 page)

Amendment in Response to Non-Final Office Action (14 pages)

Check in the amount of \$120.00

Return receipt postcard